

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30110

State File No. _____

Registrar's No. _____

FILED OCT 1 1948

Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1106 Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

3: (a) PRINT FULL NAME William Peter DIXON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 1st. 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 22 _____ hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER { 12. Name Edgar Preston Dixon /
13. Birthplace New Hampshire (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Butler
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walter Fulton
(b) Address 1106 Indiana Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W. 4th St. Joplin, Mo.
19. (a) 9-24-48 (Date received local registrar) (b) Ed D. James (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper /
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1106 Indiana (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23rd.
year 1948 hour 8:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 9-20, 1948 to 9-23, 1948
that I last saw him alive on 9-23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 73A

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Ed D. James (M. D. or other) _____
Date signed 9-24-48

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

138-0

JUL 4 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Jesse C. Sullivan

Registered Apprentice No. *99*

working under my personal supervision.

Signed

Chas. M. Dungey

Licensed Embalmer No. *3566*

P. O. Address *Joplin Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.